

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:) Art Unit: 2624
Jennifer Susan GREGORY) Examiner: Nancy BITAR
Application No. 10/577,359) Confirmation No. 5040
Filed: February 21, 2007)
For: APPARATUS FOR PREDICTING) Date: March 2, 2010
BONE FRACTURE RISK)

REQUEST FOR REFUND

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby requests a refund of the \$180.00 fee paid in connection with the above identified application for the Information Disclosure Statement submitted along with the certification on March 1, 2010.

There was no fee required to file this Information Disclosure Statement because Request for Continued Examination was filed on December 17, 2009 and the reference was cited for the first time from the European Patent Office not more than three months prior to the filing of this statement.

Therefore, it is requested that a refund in the amount of 180.00, be credited to Deposit Account 50-4525.

Respectfully submitted,

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